

Name of Petitioner/Plaintiff.

SUPPLEMENTAL APPLICATION FOR WAIVER OR FURTHER DEFERRAL OF COURT FEES AND COSTS

STATE OF ARIZONA)
COUNTY OF _____) ss

2. Although your income is greater than 150% of the poverty level, you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

OR

- c. I do not have the money to pay the court fees and costs now. I can pay the fees and costs at a later date. Explain. _____

If you checked either boxes 2b. or 2c., you must complete the Financial Questionnaire.

FINANCIAL QUESTIONNAIRE

SUPPORT RESPONSIBILITIES: List all persons you support (including paying child support and spousal maintenance):

NAME

RELATIONSHIP

STATEMENT OF INCOME AND EXPENSES

ASSISTANCE: I receive assistance from:

Arizona Health Care Cost Containment System (AHCCCS)

Arizona Long Term Care System (ALTCS)

Other (explain): _____

MONTHLY INCOME: My monthly income is:

Monthly gross income: \$ _____

Employer name: _____

Employer address: _____

Employed since (month/year): _____

Other current monthly income, including spousal maintenance, retirement, rental, interest, pensions, dividends, scholarships, grants, royalties, lottery winnings (explain amount and source):

\$ _____

My spouse's monthly gross income (if available to me): \$ _____

TOTAL MONTHLY INCOME:

\$ _____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Other payments & debts	\$ _____	\$ _____
Explain:		
Food/Household supplies	\$ _____	
Utilities/Telephone	\$ _____	
Clothing	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Laundry	\$ _____	
Child support	\$ _____	
Child care	\$ _____	
Spousal maintenance	\$ _____	
Car insurance	\$ _____	
Gasoline/Bus fare	\$ _____	
Contributions to employer or other retirement account	\$ _____	
TOTAL MONTHLY PAYMENTS		\$ _____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.
Equity is defined as market value minus any liens or loans.

	ESTIMATED VALUE
Cash and bank accounts	\$ _____
Credit union accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
Other, including stocks, bonds, etc.	\$ _____
Retirement accounts	\$ _____
TOTAL ASSETS:	\$ _____

EXTRAORDINARY EXPENSES: For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES	\$ _____

SIGNATURE UNDER PENALTY OF PERJURY

Today's Date: _____

Signature: _____

Print Your Name: _____